

TAMALA HOLLAND
PARALEGAL SPECIALIST
DESIGNATED OFFICE
(703) 306-6483

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/		/				51				
2	/		/				52				
3	/		/				53				
4	/		/				54				
5	/		/				55				
6	/		/				56				
7	/		/				57				
8		7		7			58				
9	/		/				59				
10		6		6			60				
11		6		6			61				
12	/		/				62				
13							63				
14							64				
15							65				
16							66				
17							67				
18							68				
19							69				
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40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			9				TOTAL IND.				
TOTAL DEP.							TOTAL DEP.				
TOTAL CLAIMS			18				TOTAL CLAIMS				